



SCREENING FOR CHILD CARE ASSISTANCE PROGRAM

PO Box 94665 | Seattle, WA 98124-6965 | Ph: (206) 386-1050 | Fax: (206) 233-7152

Parent First and Last Name: _____

Email address: _____

Home address: _____ Zip code: _____

Home phone: () _____ Cell phone: () _____

Child care center: _____ Currently enrolled? ☐ Yes

Are all adults in the home either employed or students? ☐ Yes ☐ No

Number of children (under 18) in the house:
Age of each child:
Total number of adults (over 18) in the house:
Gross monthly income for all adults before deductions and taxes: